

CLAIMANT'S NAME Ruth Holton-Hodson			SSN or EMPLOYEE NUMBER*			DEPARTMENT State Controller's Office					
POSITION Deputy State Controller		CB/ID No.		DIVISION or BUREAU Executive			INDEX NUMBER				
RESIDENCE ADDRESS * 300 Capitol Mall, Suite 1850				HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850				TELEPHONE NUMBER			
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(3) MILEAGE RATE CLAIMED  
0.555

(4) MONTH/YEAR Jan/Feb		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
1/23		Sacramento - Monterey	94.45						PC	5.00	211.00	117.11		216.56
1/24		Monterey										0.00		0.00
1/25		Monterey - Sacramento	94.45						PC	5.00	211.00	117.11		216.56
1/26		Sacramento							PC	4.50		0.00		4.50
1/27		Los Angeles							RC	10.00		0.00		10.00
2/17		Sacramento							PC	20.00		0.00		20.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			188.90	0.00	0.00	0.00	0.00	0.00		44.50	422.00	234.21	0.00	467.61
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$467.61

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attend Board meetings on behalf of Controller and attend CFAOC meeting in Los Angeles.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 2/17/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2.21.12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE